

Common Questions and Answers Regarding JCI Accreditation, Hospital Accreditation, and These Standards

What is accreditation?

Accreditation is a process in which an entity, separate and distinct from the health care organization, usually nongovernmental, assesses the health care organization to determine if it meets a set of requirements (standards) designed to improve the safety and quality of care. Accreditation is usually voluntary. Accreditation standards are usually regarded as optimal and achievable. Accreditation provides a visible commitment by an organization to improve the safety and quality of patient care, ensure a safe care environment, and continually work to reduce risks to patients and staff. Accreditation has gained worldwide attention as an effective quality evaluation and management tool.

What are the benefits of accreditation?

The accreditation process is designed to create a culture of safety and quality within an organization that strives to continually improve patient care processes and results. In doing so, organizations

- improve public trust that the organization is concerned for patient safety and the quality of care;
- provide a safe and efficient work environment that contributes to worker satisfaction;
- negotiate with sources of payment for care with data on the quality of care;
- listen to patients and their families, respect their rights, and involve them in the care process as partners;
- create a culture that is open to learning from the timely reporting of adverse events and safety concerns; and
- establish collaborative leadership that sets priorities for and continuous leadership for quality and patient safety at all levels.

What is JCI accreditation, and what is JCI's relationship to The Joint Commission?


JCI is the international arm of The Joint Commission (USA); JCI's mission is to improve the quality of health care in the international community. For more than 75 years, The Joint Commission (USA) and its predecessor organization have been dedicated to improving the quality and safety of health care services. Today, The Joint Commission is the largest accreditor of health care organizations in the United States—it surveys nearly 16,000 health care programs through a voluntary accreditation process. The Joint Commission and JCI are both nongovernmental, not-for-profit USA corporations.

What are the purpose and the goal of JCI accreditation initiatives?

JCI accreditation is a variety of initiatives designed to respond to a growing demand around the world for standards-based evaluation in health care. The purpose is to offer the international community standards-based, objective processes for evaluating health care organizations. The goal of the program is to stimulate demonstration of continuous, sustained improvement in health care organizations by applying international consensus standards, International Patient Safety Goals, and indicator measurement support. In addition to the standards for acute care hospitals contained in this third edition, JCI has developed standards and accreditation programs for:

- Clinical Laboratories
- The Care Continuum (home care, assisted living, long-term care, hospice care)
- Medical Transport Organizations
- Ambulatory Care

JCI also offers certification of programs that provide Disease or Condition-Specific Care such as programs for stroke care or cardiac care. JCI accreditation programs are based on an international framework of standards adaptable to local needs. The programs are characterized by:

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- International consensus standards, developed and maintained by an international task force, and approved by an international Board, are the basis of the accreditation program.
 - The underlying philosophy of the standards is based on principles of quality management and continuous quality improvement.
 - The accreditation process is designed to accommodate the legal, religious, and/or cultural factors within a country. Although the standards set uniform, high expectations for the safety and quality of patient care, country-specific considerations related to compliance with those expectations are part of the accreditation process.
 - The on-site survey team and agenda will vary depending on the organization's size and type of services provided. For example, a large teaching hospital may require a four-day survey by a physician, a nurse, and an administrator, while a smaller regional or community hospital may require a two- or three-day survey. Similarly, a clinical laboratory may require one person for only two days depending on the number of specialty tests provided and performed.
 - JCI accreditation is designed to be valid, reliable and objective. Based on the analysis of the survey findings, final accreditation decisions are made by an international accreditation committee.

How were the hospital standards initially developed and how were they refined for this third edition?

A 16-member international task force, composed of experienced physicians, nurses, administrators, and public policy experts, guides the development and revision process of the JCI international accreditation standards. The task force consists of members from six major world regions: Latin America and the Caribbean, Asia and the Pacific Rim, the Middle East, Central and Eastern Europe, Western Europe, and Africa. The work of the task force is refined based on an international field review of the standards and the input from experts and others with unique content knowledge. An international standards committee continues the work of the task force and makes recommendations about updates and modifications necessary for these standards to continually reflect contemporary practice.

How are the standards organized?

The standards are organized around the important functions common to all health care organizations. The functional organization of standards is now the most widely used around the world and has been validated by scientific study, testing and application. The standards are grouped by those functions related to providing patient care and those related to providing a safe, effective, and well-managed organization. These functions apply to the entire organization as well as to each department, unit, or service within the organization. The survey process gathers standards compliance information throughout the entire organization and the accreditation decision is based on the overall level of compliance found throughout the entire organization.

Why are there no standards in bold typeface in this third edition?

In previous editions, some standards were in bold typeface as they were considered “core,” because they protect fundamental patient and family rights, support a safe patient care facility, and reduce risk in the patient care process. Experience has shown that all of the standards are related equally to reducing risk in health care organizations and thus all standards are considered equal in importance in meeting the accreditation decision rules.

Are the standards available for the international community to use?

Yes. These standards are available in the international public domain for use by individual health care organizations and by public agencies in improving the quality of patient care. The standards only can be downloaded at no cost from the JCI website for consideration of adapting them to the needs of individual countries. The translation and use of the standards as published by JCI requires permission.

When there are national or local laws related to a standard, what applies?

When standard compliance is related to a law or regulation, whichever sets the higher or stricter requirement applies.



How do I use this standards manual?

This international standards manual can be used to

- guide the efficient and effective management of a health care organization;
- guide the organization and delivery of patient care services, and efforts to improve the quality and efficiency of those services;
- review the important functions of a health care organization;
- become aware of those standards that all organizations must meet to be accredited by JCI;
- review the compliance expectations of standards and the additional requirements found in associated intent statements;
- become aware of the accreditation policies and procedures and the accreditation process; and
- become familiar with the terminology used in the manual.

What are the “measurable elements” of a standard?

The measurable elements of a standard are those requirements of the standard and its intent statement that will be reviewed and assigned a score during the accreditation survey process. The measurable elements simply list what is required to be in full compliance with the standard. Each element is already reflected in the standard or intent statement. Listing the measurable elements is intended to provide greater clarity to the standards and help organizations educate staff about the standards and prepare for the accreditation survey.

How frequently will the standards be updated?

Information and experience related to the standards will be gathered on an ongoing basis. If a standard no longer reflects contemporary health care practice, commonly available technology, quality management practices, and so forth, it will be revised or deleted. It is currently anticipated that the standards will be revised and published at least every three years.

What is new in this third edition of the manual?

A full listing of all the changes from the second edition to this third edition of the standards can be found on pages 21-30. Some of the most significant changes include the following:

- A new chapter contains the International Patient Safety Goals.
- The medication management standards have been revised and made into a separate chapter entitled “Medication Management and Use” (MMU).
- The surgery and anesthesia standards have been revised and made into a separate chapter entitled “Anesthesia and Surgical Care” (ASC).
- Standards related to communication processes have been gathered from throughout the chapters and combined with information management standards into a revised chapter entitled “Management of Communication and Information” (MCI).
- The processes for the initial and periodic review of the credentials and competence of physicians, nurses and allied health professionals have been made very explicit with higher expectations related to the portions of the process needed to ensure safe, quality care in an organization.
- The standards for infection control (“Prevention and Control of Infections”) have been revised and now include standards related to isolation procedures.
- A new standard is introduced related to the oversight of health professional education in the organization.
- A new standard is introduced regarding the provision of an employee health and safety program.
- The expectations regarding the evaluation of sentinel events and adverse events have been clarified and new expectations for a proactive process introduced.
- Cross references have been included throughout the text, guiding readers to related standards and other associated information.
- The Glossary has been updated and expanded.
- The Index has been expanded significantly to facilitate the user in navigating between related standards and topics.